Virginia Acute and Long-Term Care: Update April 9, 2008

Overview

Virginia Acute and Long-Term Care Integration, also known as "VALTC," is a program designed to improve the quality of life of Virginia's Medicaid-enrolled seniors and individuals with disabilities by empowering them to remain independent and reside in the setting of their choice for as long as possible.

Currently, individuals who are dually eligible for Medicare and Medicaid, and individuals who participate in the Elderly or Disabled with Consumer Direction (EDCD) waiver are excluded from participating in managed care. These individuals currently receive very little assistance with the coordination of their services – and their services are often very complex and these participants are often very frail.

Through VALTC, dual eligibles and EDCD waiver participants (in certain areas of the Commonwealth) will be able to receive their health care AND long-term care services through a coordinated delivery system. These individuals will be enrolled in a new managed care program that will offer ongoing access to quality health and long-term care services, coordinated benefits between Medicare and Medicaid, care coordination, and referrals to appropriate community resources.

Geographic Regions

VALTC will be initially offered in the Tidewater area beginning February 1, 2009. For the Tidewater launch, prospective managed care organizations (MCOs) must contract for all targeted populations in the core localities. MCOs may include the provision of services for any or all of the non-core localities. DMAS, however, must have a minimum of two MCOs in each locality in order to implement the program. VALTC is scheduled to launch in Richmond in late 2009. These localities may or may not be broken into core regions. VALTC covered localities are as follows:

Wave 1: Tidewater (February 2009)

FIPS	TIDEWATER			
CORE LOCALITIES				
550	Chesapeake			
650	Hampton			
700	Newport News			
710	Norfolk			
740	Portsmouth			
800	Suffolk			
810	Virginia Beach			
NON-CORE LOCALITIES				
073	Gloucester			
093	Isle Of Wight			
095	James City County			
199	York			
735	Poquoson			
830	Williamsburg			

Wave 2: Richmond (December 2009)

FIPS	Richmond		
036	Charles City		
041	Chesterfield		
049	Cumberland		
075	Goochland		
085	Hanover		
087	Henrico		
127	New Kent		
145	Powhatan		
570	Colonial Heights		
670	Hopewell		
730	Petersburg		
760	Richmond		

Population Estimate

Updated 2/15 based on PWC data	Dual/Non- EDCD	Dual/EDCD	Non- Dual/EDCD	Total
Tidewater	12,003	1,732	371	14,106
Richmond	8,141	1,402	284	9,827
Total	20,144	3,134	655	23,933

Long-Term Care Services Included (in addition to primary and acute care services):

- Adult Day Health Care
- Personal Emergency Response System
- Personal Care (Provided by an agency or consumer directed)
- Respite Care (Provided by an agency or consumer directed)
- Service Facilitation (to assist individuals who wish to consumer direct services)
- Assistive Technology
- Environmental Modifications
- Transition Coordination and Services will be available to qualifying participants through a managed care carve out (i.e., these services will be paid for by DMAS fee-for-service)
- Sixty days of nursing facility care will also be included.

Dual Eligible Services Included:

- Medicare monthly premiums for Part A, Part B, or both (DMAS will pay Medicare Part A and/or Part B premiums. Premiums will not be included in the capitation rate).
- Coinsurance, copayment, and deductible for Medicare-allowed services (i.e., "crossover claims").
- Medicaid-covered services (including certain medications), even those that are not allowed by Medicare.
- Sixty days of nursing facility care will also be included.

VALTC Program Updates and Expected Timeline April 9, 2008

December 2007 – February 2008: DMAS developed program design, waiver applications, and contract.

March

• DMAS sent draft §1915(b) and §1915(c) waiver applications to the Centers for Medicare and Medicaid Services (CMS) to initiate the federal approval process.

April

- **April 9:** DMAS provided drafts of the Application to Contract and contract to interested managed care organizations.
- April 15: Final §1915(b) and §1915(c) waiver applications will be sent to CMS.
- **April 18:** Comments on the draft contract are due to DMAS. DMAS will take comments under consideration, however, DMAS will not respond directly to any submissions.
- **April 30:** DMAS will issue the final Application to Contract, rates, data book, cost distribution, and prevalence reports.

May

- DMAS will host a training for long-term care providers on the basics of managed care.
- May 30: Deadline for MCO submission of mandatory requirements for the Application to Contract.

June

• **June 20:** MCO contracting agreements signed and approved.

July

- VALTC Stakeholder Advisory Group begins.
- MCO Implementation Advisory Group begins.

August

• August 29: Deadline for MCO submission of final application to DMAS.

September

• Provider and participant training begin.

October

• October 1: MCO readiness review.

November – January

• Participant pre-assignment into MCOs begins.

February

• February 1: Tidewater Launch